EUTHANASIA

The applied ethical issue of euthanasia, or mercy killing, concerns whether it is morally permissible for a third party, such as a physician, to end the life of a terminally ill patient who is in intense pain.

The euthanasia controversy is part of a larger issue concerning the right to die. Staunch defenders of personal liberty argue that all of us are morally entitled to end our lives when we see fit. Thus, according to these people, suicide is in principle morally permissible. For health care workers, the issue of the right to die is most prominent when a patient in their care

(1) is terminally ill,
(2) is in intense pain, and
(3) voluntarily chooses to end his life to escape prolonged suffering.

In these cases, there are several theoretical options open to the health care worker.

1. First, the worker can ignore the patient's request and care can continue as usual.
2. Second, the worker can discontinue providing life-sustaining treatment to the patient, and thus allow him to die more quickly. This option is called **passive euthanasia** since it brings on death through nonintervention.
3. Third, the health care worker can provide the patient with the means of taking his own life, such as a lethal dose of a drug. This practice is called **assisted suicide**, since it is the patient, and not technically the health care worker, who administers the drug.
4. Finally, the health care worker can take active measures to end the patient's life, such as by directly administering a lethal dose of a drug. This practice is called **active euthanasia** since the health care worker's action is the direct cause of the patient's death.

Active euthanasia is the most controversial of the four options and is currently illegal in the United States. However, several right to die organizations are lobbying for the laws against active euthanasia to change.

Two additional concepts are relevant to the discussion of euthanasia:

1. First, voluntary euthanasia refers to mercy killing that takes place with the explicit and voluntary consent of the patient, either verbally or in a written document such as a living will.
2. Second, non-voluntary euthanasia refers to the mercy killing of a patient who is unconscious, comatose, or otherwise unable to explicitly make his intentions known. In these cases it is often family members who make the request. It is important not to confuse non-voluntary mercy killing with involuntary mercy killing. The latter would be done against the wishes of the patient and would clearly count as murder.

Like the moral issues surrounding suicide, the problem of euthanasia has a long history of philosophical discussion. On the whole, ancient Greek thinkers seem to have favored euthanasia, even though they opposed suicide. An exception is Hippocrates (460-370 BCE), the ancient Greek physician, who in his famous oath states that "I will not prescribe a deadly drug to please someone, nor give advice that may cause his death." This oath places emphasis on the value of preserving life and in putting the good of patients above the private interests of physicians. These two aspects of the oath make it an important creed for many heath care workers today. In medieval times, Christian, Jewish, and Muslim philosophers opposed active euthanasia, although the Christian Church has always accepted passive euthanasia.

English humanist Thomas More defended Euthanasia in his book *Utopia* (1516) saying that when a patient has a torturous and incurable illness, the patient has the option to die, either through starvation or opium. Similarly, British philosopher Francis Bacon writes in his book *New Atlantis* (1627) that physicians are "not only to restore the health, but to mitigate pain and dolours; and not only when such mitigation may conduce to recovery, but when it may serve to make a fair and easy passage."

One of the most cited contemporary discussions on the subject of euthanasia is *Active and Passive Euthanasia* (1975) by James Rachels. Rachels argues that there is no moral difference between actively killing a patient and passively allowing the patient to die. Thus, it is less cruel for physicians to use active procedures of mercy killing. Rachels argues that, from a strictly moral standpoint, there is no difference between passive and active euthanasia. He offers two arguments for why physicians should place passive euthanasia in the same category as active euthanasia. First, techniques of passive euthanasia prolong the suffering of the patient, for it takes longer to passively allow the patient to die than it would if active measures were taken. In the mean time, the patient is in unbearable pain. Since in either case the decision has been made to bring on an early death, it is cruel to adopt the longer procedure. Second, Rachels argues that the passive euthanasia distinction encourages physicians to make life and death decisions on irrelevant grounds. For example, Down's syndrome infants often have correctable congenital defects; but decisions are made to forego corrective surgery (and thus let the infant die) because the parents do not want a child with Down's syndrome. The active-passive euthanasia distinction merely encourages these groundless decisions.

Rachels observes that people think that actively killing someone is morally worse than passively letting someone die. However, they do not differ since both have the same outcome: the death of the patient on humanitarian grounds. The difference between the two is accentuated because we frequently hear of terrible cases of active killings, but not of passive killings. Rachels anticipates two criticisms to his argument. First, it may be objected that, with passive euthanasia techniques, the physician does not have to do anything to bring on the patient's death. Rachels replies that letting the patient die involves performing an action by not performing other actions (similar to the act of insulting someone by not shaking their hand). Second, it may be objected that Rachels's point is only of academic interest since, in point of fact, active euthanasia is illegal. Rachels replies that physicians should nevertheless be aware that the law is forcing on them an indefensible moral doctrine.

In an essay entitled "Active and Passive Euthanasia: An Impertinent Distinction?" (1977), Thomas Sullivan argues that no intentional mercy killing (active or passive) is morally permissible. However, extraordinary means of prolonging life may be discontinued even though the patient's death may be foreseen. Sullivan argues that Rachels's example of the Down's syndrome infant is misleading, since most doctors would perform corrective surgery since it would be clearly wrong to let the infant die. Further, most reflective people will agree with Rachels that there is no moral distinction between killing someone and allowing someone to die. According to Sullivan, to aim at death (either actively or passively) is always wrong, but it is not wrong to merely foresee death when discontinuing extraordinary procedures.

In a rejoinder essay, "More Impertinent Distinctions and a Defense of Active Euthanasia" (1978), Rachels responds to Sullivan's charges. Rachels focuses on two specific points made by Sullivan. First, Sullivan argues that it is important for the physician to have the correct intention (insofar as it is immoral to aim at the death of a patient, but not immoral to foresee his death). Rachels counters that the physician's intention is irrelevant to whether the act is right or wrong. For, suppose two physicians perform identical acts of withholding treatment, with one physician aiming at the death of the patient, and the other only foreseeing it. Since the acts are identical, one cannot be judged right and the other wrong. Second, Rachels argues, to determine whether a given procedure is ordinary or extraordinary, we must first determine whether the patient's life should be prolonged.

Rachels continues by offering several arguments in favor of the moral permissibility of active euthanasia. The first is an argument from mercy. He begins by describing a classic case where a person

named Jack is terminally ill and in unbearable pain. Jack's condition alone is a compelling reason for the permissibility of active mercy killing. A more formal utilitarian version of this argument is that active euthanasia is morally permissible since it produces the greatest happiness. Critics have traditionally attacked utilitarianism for focusing too heavily on happiness, and not enough on other intrinsic goods, such as justice and rights. Accordingly, Rachels offers a revised utilitarian version: active euthanasia is permissible since it promotes the best interests of everyone (such as Jack, Jack's wife, and the hospital staff). Rachels also argues that the golden rule supports active euthanasia insofar as we would want others to put us out of our misery if we were in a situation like Jack's. A more formal version of this argument is based on Kant's categorical imperative ("act only on that maxim by which you can at the same time will that it should become a universal law"). The categorical imperative supports active euthanasia since no one would willfully universalize a rule which condemns people to unbearable pain before death.

Those who are in favour of euthanasia and support its morality are influenced by the sympathy towards those who are suffering. They are impelled by humanitarian reasons. They argue that no one has a moral right to prolong needless, protracted pain of terminally ill patients who are destined to be in 'permanent vegetative state' for the rest of their lives. They insist that the patient or his doctor should be allowed to decide whether such a patient's life should be mercifully terminated. It is cruel, they opine, to prevent sufferers from getting a quick, easy death, and that it is nothing but proper that wishes, aspirations and interests of every human being ought to be taken into account by every other human being who has dealings with him.

As against these humanitarian pleas the opponents of euthanasia adduce arguments based partly on religious and partly on pragmatic grounds. Basing their arguments mainly on Christian theology they point out that life belongs to God alone and that it is not permissible for any one, in his own authority to terminate it. Regarding the suffering undergone by the terminally ill they point out that some suffering is necessary to make amends for the sins of life, and that God knows how much suffering each man deserves. According to their view suffering is a means of spiritual growth and, hence not an absolute evil.

Those who oppose euthanasia for pragmatic reasons give vent to some very justifiable apprehensions regarding the possible abusing of euthanasia. They envisage situations where patients might be forced to undergo euthanasia. They also point out the possibility of a patient consenting to or a doctor requesting for euthanasia for an illness diagnosed as terminal which subsequently turns out to be wrong. Further, they are apprehensive of doctors who are professionals, themselves turning out to be hired killers, running clinics set-up solely for the administration of euthanasia. These fears have increased due to the fast decline in social values, loosening of family and social bonds, spiralling cost of medical care and maintaining disabled and old persons.

The few who adopt the intermediate position are also prompted by humanitarian reasons and advocate legal non-interference on this issue.

Like almost all other major religions, Buddhism does not condone any act that results in the deprivation of life of any living being. This is more so with regard to cases involving deprivation of life of human beings, and especially when the act is performed with intention or awareness of the ensuing result i.e., the deprivation of life. It arrives at this ethical standpoint of abstention from killing on reasons completely different from those relied on by Christianity. Buddhism, unlike Christianity, does not believe in a supreme God and, therefore, does not accept the view that God has supreme dominion over life. It proceeds from the basic, practical assumption that life is most dear to all and that everyone has a fundamental right to enjoy a fear-free life. To guarantee this fundamental right it has enjoined a precept which admonishes its followers to abstain from destroying life. To facilitate the practice of this precept Buddhism encourages the cultivation of non-violence (*ahiṃsā*) and compassion (*karuṇā*) towards all beings.

Besides, Buddhism does not consider individuals to be separate, non-related solitary entities in a society. Individuals are units of an integrated whole, related to each other, inter-acting and influencing

each other, dependent on each other and bound to each other by varied family and social bonds creating duties and obligations. Therefore any matter that pertains to life as well as death of an individual has family and social repercussions. Thus it is natural for Buddhism not to condone any act that involves deprivation of life irrespective of the motive behind it.

Though one could easily see the justification for not condoning euthanasia, one may wonder whether a religion that promotes the well-being of all and inculcates compassion towards all could possibly favour the prolongation of pain and suffering of terminally ill persons. In response to such a query one could, besides citing pragmatic reasons such as the non-infallibility of medical diagnosis, the possibility of administering euthanasia against the wish of the patient.

According to Buddhism, the whole *saṃsāric* existence is suffering (*dukkha*) of which illness (*vyādhi*) is only one aspect. Death is only a violent break in this continuous *saṃsāric* process, and brings about only a temporary end to suffering which is bound to recur with the next birth. There is no assurance that the next birth or the ones that follow will be free of such terminal illnesses. Therefore, an attempt to put a total end to suffering by deprivation of life is futile for, it is only a temporary remedy, a remedy which might sometimes prove to be unwarranted.

Indian Buddhism suggests a different remedy. It encourages the inculcation of a realistic attitude to the problem of life. When one truly understands that life is subject to all type of suffering and that life is impermanent, one will be able to develop an attitude of enlightened detachment which will enable one to remain without being unduly perturbed by the mass of suffering including grave illnesses one has to undergo during the life span.

Against this explanation one could pose the question whether a terminally ill person could view life and his/her suffering in this enlightened perspective? All terminally ill persons are not mentally 'dead.' Even the mental state of a person who is virtually in a 'vegetative' state' is not exactly known. If such a person's mental faculties function then he could be made to reflect about his condition on these lines enabling him to come to terms with it. What is more relevant herein is the fact that if a person had throughout his/her life developed such a realistic approach to the problem of life he would not be driven to a state of utter despair compelling him to consent to or request for euthanasia. An average person who has no realistic vision of things will in all probability prefer euthanasia to suffering. Apparently such an attitude is unBuddhistic, for such an attitude is the result of lack of true understanding of the problem.

The rejection of euthanasia as a remedy to ameliorate suffering does not mean that Buddhism is adopting a non-humanitarian attitude towards the terminally ill. It rejects this because it is futile, unrealistic, harmful, and involves deprivation of life. In rejecting euthanasia Buddhism does not advocate also the abandoning of the patient. On the contrary, it admonishes all those who are concerned with the patient to show him kindness, compassion, to nurse and care for him tenderly making him feel wanted.

One may point out that it is highly authoritarian on the part of the society to prevent a terminally ill person from requesting for quick, easy death. This may sound a reasonable argument when considering the fact that Buddhism upholds the principle that one is one's own master and that one has the freedom of choice. But a close analysis of the issue will make it clear that such arguments are ill-founded. Primarily, as shown earlier, such request and consent for euthanasia itself is totally unBuddhistic, and are based on lack of a true vision of the problems of life. Besides, a person in such a state cannot by any means be competent to decide on such a vital issue. He/She is making a decision in favour of euthanasia because he is lacking a true vision of the problem. Due to this ignorance of his/her, he/she is unable to thoroughly reflect upon the problem and, therefore, arrive at this decision only being goaded by one of the evil courses of actions or biases (*agati*) i.e, impulse (*chanda*), animosity (*dosa*), fear (*bhaya*), or ignorance (*moha*). He may be impelled through frustration; his pain and suffering may be such that he develops an animosity towards his ownself and others and this might prompt him to take such an unrealistic attitude. Similarly, the impelling cause may be fear or total ignorance. Such a decision is arrived not by thorough reflection (*yoniso manasikāra*) but through the dictates of the above mentioned

biases. This also applies to those others who take decisions on behalf of the terminally ill patients. Though those who decide are convinced that they are arriving at such a decision after evaluating the problem objectively, the fact remains that their outlook is subjective; though they sincerely feel that they are really being motivated by personal interest.

This Buddhist attitude is not one adopted in vacuum nor applied only in the abstract. Incidents approximating euthanasia are referred to in Buddhist texts such as the *Vinaya Piṭaka* (Vin.ii.68ff). One such incident refers to a case of mass euthanasia. Some monks who after developing contemplation on the impurity of the body became so ashamed of their bodies that they became completely disgusted with life. They were not physically ill but mentally upset that they could not bear to live any longer. Life was a misery for them and so they deprived one another of life (*aññamaññaṃ pi jīvitā voropenti*). They found a willing assistant in the form of Migalaṇḍika, a "sham recluse" (*samaṇa-kuttaka*), who agreed to assist by killing the monks in return for their robes and bowls. Migalaṇḍika dispatched his victims with a large knife, but halfway through the bloody process suffered a bout of remorse. At this point a devil appeared and whispered reassuringly in his ear that by "bringing across those who had not yet crossed" he was in fact doing right. In other words, by killing the monks he was saving them from the sufferings of saṃsāra. Reassured by this Migalaṇḍika resumed his work and killed a large number of monks, up to sixty on a single day. This is neither murder nor suicide but a form of euthanasia though the means adopted may not have been merciful. As the victim monks as well as the one who administered euthanasia were aware of the consequence that was to follow this lend itself to ethical judgement. When the matter was referred to the Buddha, he declared: "Whatever monk should intentionally deprive a human of life or should look about so as to be his knife bringer (i.e. one who is instrumental in deprivation of life) he is also one who is defeated (*pārājika*), he is not in communion (*asaṃvāsa*)."

In connection with euthanasia it will be seen from the context that this precept prohibits killing even when the person being killed requests assistance in dying. The phrase "should look about to be his knife-bringer" (*sattahārakaṃ vāssa pariyeseyya*) is a clear reference to the part played in this episode by Migalaṇḍika. Migalaṇḍika, it will be noted, was doing little more than acting as the instrument of execution: it was the monks themselves who wished to die, and indeed offered Migalaṇḍika their robes and bowls as an inducement for his help. Nevertheless, the role of "knife-bringer" or "knife-bearer"(VA.ii.441) is specifically singled out for condemnation in the precept. The specific ground for the proclamation of the third *pārājika* was thus what today might be termed the practice of voluntary active euthanasia.

One of the main arguments advanced in favor of allowing euthanasia in the contemporary debate is respect for autonomy. This is founded on the twin claims that the free choices of rational individuals should be respected, and that all individuals have the right to dispose of their lives as they see fit. This ground would seem applicable to the present case. The monks were, as far as we can tell, competent rational adults. They wished to die because they had made the judgement that their lives were "not worth living" and that they would be "better off dead." This was a free choice consequent upon their evaluation of their quality of life, which they deemed to be insufficient to justify continued existence. In terms of respect for autonomy, therefore, their decision might be thought justifiable, in the sense that as competent adults it was up to them to dispose of their lives as they saw fit. It seems, however, that the Buddha rejected this line of argument. Could it be, perhaps, that the monastic prohibition was introduced not as a matter of principle, but simply because the monks in this case were suffering from religious zeal and had not allowed time for sober consideration of their decision? Perhaps if they had expressed a repeated and sustained wish over time to end their lives, the Buddha would have allowed it. This we cannot know, but such an interpretation is unlikely, if for no other reason than that the rule imposes not just a cooling off period before execution is allowed but an absolute prohibition.

After this first formulation of the precept a short episode is narrated that leads to the precept being expanded to include not just killing but also incitement to death. The text relates how a group of wicked

monks became enamoured of the wife of a layman. In order to weaken his attachment to life and get him out of the way, the monks spoke to the husband of the pleasures that would be his reward in heaven for having lived a life of virtue:

> Layman, you have done what is right, done what is virtuous, gained security from fear. You have not done evil, you have not been cruel, you have not been violent. You have done good and abstained from evil. What need have you of this evil, difficult life? Death would be better for you than life. Hereafter, when you die, when your body is destroyed at death, you will pass to a happy bourn, to a heaven world. There, possessed of and provided with five divine qualities of sensual pleasure, you will amuse yourself (Vin.iii.71).

As a result of hearing this the husband began to eat and drink the wrong kind of food and eventually succumbed to a fatal illness. This is more a case of voluntary euthanasia than simple suicide. The victim does not directly commit suicide but brings about gradual and somewhat easy death on himself and this he does with awareness. When this matter was reported to the Buddha he expelled the monks and expanded the definition of the third *pārājika* to include incitement to death:

> Should any monk intentionally deprive a human being of life or look about so as to be his knife-bringer, or eulogize death, or incite [anyone] to death saying "My good man, what need have you of this evil, difficult life? Death would be better for you than life," -- or who should deliberately and purposefully (*iticittamano cittasaṃkappo*) in various ways eulogize death or incite anyone] to death: he is also one who is defeated, he is not in communion (*asaṃvāsa*)(Vin.III.72).

This amplification of the scope of the precept is particularly important in the context of euthanasia since the weight of the case for allowing euthanasia rests on the postulate that "death would be better than life," especially when, to use the wording of the precept, life seems "evil and difficult."

Apart from respect for autonomy, a second consideration sometimes advanced in support of euthanasia is compassion. Compassion is of great importance in Buddhism, particularly when linked to the notion of the bodhisattva. Some later sources reveal an increasing awareness of how a commitment to the alleviation of suffering on the part of a bodhisatta can create a conflict with the principle of the inviolability of life. Compassion, for example, might lead one to take life in order to alleviate suffering, and indeed this is the second main ground on which euthanasia is advocated today. Such a situation is addressed in the *Vinaya*, in the first of the sixty or so cases to be reported after the precept against killing was declared (Vin.iii.79). This case involves a conflict between the prohibition on taking life and the compassionate desire to alleviate suffering. The case is stated in just a couple of lines:

> At that time a certain monk was ill. Out of compassion the other monks spoke favorably to him of death. The monk died.

> Fortunately, the commentary expands on this rather terse account:

> "Out of compassion" means that those monks, seeing the great pain the monk was in from the illness felt compassion and said to him: "You are a virtuous man and have performed good deeds, why should you be afraid of dying? Indeed, heaven is assured for a virtuous man at the very instant of death." Thus they made death their aim and…spoke in favor of death. That monk, as a result of them speaking favorably of death, ceased to take food

and shortly after died. It was because of this that they committed an offence (VA.ii.464).

It is noteworthy that those found guilty did not go so far as to actually administer euthanasia, but only suggested to the dying monk that he would be "better off dead." The monk himself then ceased to take food and died, so technically their offence was incitement to suicide. Despite their benevolent motive, namely that a terminal patient should be spared unnecessary pain, the judgement was that those involved were guilty of a breach of the precept. According to Buddhaghosa, the essence of their wrongdoing was that the guilty monks made death their aim (*maraṇātthika*). This suggests that to make death one's aim, to will death, and *a fortiori* to embark on any course with death as one's purpose, goal or outcome, regardless of how benevolent the motive, is immoral from a Buddhist perspective. In a modern context, this prohibition would seem to include anyone who aids or abets suicide, lends help in the context of assisted suicide or, of course, administers euthanasia directly. Although compassion is a common motive it does not here provide exoneration. From this we may conclude that while compassion should accompany moral acts it does not justify them, and that compassion is a virtue only when the end it seeks is good. Motivation alone is not the criterion. Consequence (*vipāka*) of an action too is equally important in such an evaluation.

A handful of other cases are reported which have a bearing on our theme. In one case a monk, perhaps again motivated by compassion, appeals for the swift execution of a criminal:

> At that time a certain monk, having gone to the place of execution, said to the executioner, "Sir, do not keep him in misery. By one blow deprive him of life." "Very well, your Reverence," said he, and by one blow deprived him of life (Vin.III.85).

The monk's motive, apparently, was to spare the prisoner the mental distress of having to wait for the appointed time of execution. The prisoner was to have been killed anyway, and the monk's intervention simply brought forward the inevitable outcome. In spite of his desire to spare the prisoner suffering, the monk was nevertheless found guilty of a breach of the precept.

One important issue connected with the care of the elderly, the terminally ill or the badly disabled is that of euthanasia. The Buddhist precepts include the vow not to harm any living thing. This means that involvement in euthanasia has to be thought about carefully in terms of both physical and spiritual harm done to oneself or to another. Harm involves not only the taking of physical life but putting people under psychological pressure, so that the elderly, for instance, might become afraid of becoming a burden on their family or society in general. Another important factor for a Buddhist is the intention of anyone arguing for euthanasia. It is an expression of compassion for a person who is suffering and wishes to die, or is it a way of avoiding responsibilities towards that person? These are important considerations in deciding whether euthanasia is morally acceptable or not, and each case may vary within the generally agreed ethical guidelines of doing no harm.

Another case concerns a monk who assists in bringing about the death of an invalid by prescribing a drink that will be fatal for him:

> At one time a certain man whose hands and feet had been cut off was in the paternal home surrounded by relations. A certain monk said to these people, "Reverend sirs, do you desire his death?" "Indeed, honored sir, we do desire it," they said. "Then you should make him drink buttermilk," he said. They made him drink buttermilk and he died (Vin.III.85).

The reason why the relatives desired the death of the patient is not made clear. The circumstances were that an individual had suffered amputation of the hands and feet. A person in this condition would be able

to do little for himself and would require constant attention and care. The family expressed the opinion that it would be better if the man died. This may have been because they judged his quality of life to be so poor that he would be "better off dead." Perhaps their motive was simply to be free of the burden of providing the care and attention he required. It may even have been a combination of these reasons. We are not told if the patient agreed with the view of his family that he should die. It may be that the man's view about his death is not reported because it is not thought relevant, since intentional killing is judged wrong regardless of whether the victim consents or not. The circumstances thus suggest this was a case of active euthanasia, although it is not clear whether it was voluntary or not. In the event, the monk who gave the advice was excommunicated. A similar verdict was pronounced in the case of a nun who recommended a concoction of "salted sour gruel" (*loṇasuvīraka*) as a means of causing the death of another patient in the same condition (Vin.III.85).

At one point in his commentary Buddhaghosa has a brief but interesting discussion about the situation of terminally ill patients which at first sight seems to suggest that euthanasia may be allowable in certain circumstances. This discussion occurs in the context of a somewhat bizarre case of a monk who was deeply depressed and threw himself off Gijjhakūṭa, apparently with the intention of committing suicide. By chance he happened to fall on top of a basket-maker who was under the precipice at that time. Miraculously the monk survived but the basket maker tragically died. After discussing this case Buddhaghosa mentions three interesting scenarios relating to dying patients. This is what he says:

> You should not kill yourself by throwing yourself off a cliff, nor by any other method even down to withdrawal from food. If one who is sick ceases to take food with the intention of dying when medicine and nursing care are at hand, he commits a *dukkaṭa*. But in the case of a patient who has suffered a long time with a serious illness the nursing monks may become weary and turn away in despair thinking "when will we ever cure him of this illness?" Here it is legitimate to decline food and medical care if the patient sees that the monks are worn out and his life cannot be prolonged even with intensive care (VA.ii.467).

There would seem to be a contrast here between the case of a person who rejects medical care with the express purpose of ending his life, and one who resigns himself to the inevitability of death after treatment has failed and the medical resources have been exhausted. The moral distinction is that the first patient seeks death or "makes death his aim," to use Buddhaghosa's phrase, while the second simply accepts the inevitability and proximity of death and rejects further treatment or nourishment as pointless. The first person wishes to die; the second person wishes to live. The second person, however, is resigned to the fact that he is beyond medical help and therefore declines further medical intervention.

This example suggests that Buddhism does not believe there is a moral obligation to preserve life at all costs or to eke out a life that is spent. Recognizing the inevitability of death, of course, is a central element in Buddhist teachings. Death cannot be prevented forever, and Buddhists are encouraged to be mindful and prepared for the evil hour when it comes. To seek to prolong life beyond its natural span by recourse to ever more elaborate technology when no cure or recovery is in sight is to live in a state of denial of the realities of human life. The Buddha himself declined to extend his life, although he reports that this option was open to him. Accordingly, in terms of the *Vinaya*, it would seem justifiable to refuse piecemeal medical treatments that do nothing more than postpone the inevitable for a short time. It should be noted that although this is sometimes described as "passive euthanasia" this is a misnomer, since there is only euthanasia when death is willed directly as a means or an end.

Buddhaghosa gives two further examples of death involving religious practice that do not breach the third *pārājika*. It is also legitimate in the case of one who suffering from a painful illness from which he knows he will not recover withdraws from food in the knowledge that he is on the brink of a spiritual

breakthrough. Again, this time in the context of meditation, it legitimate for one who is not ill but who inspired by religious feeling concludes that the search for food is burdensome, withdraws from it and exerts himself in his meditation subject (VA.ii.467). The third example is similar to the second, except that this time the patient has the added incentive that he may at this late stage in his life make a spiritual leap forward if he applies all his remaining efforts to meditation. The final example is slightly unusual in that the subject is not sick at all. Instead, full of religious zeal (*saṃvega*), he wishes to devote himself solely to meditation. Buddhaghosa does not make clear whether this is undertaken by way of a fast unto death, as in the Jain practice of *sallekhanā*, or is simply a temporary fast. If it is the former, and is undertaken by a young person in good health, some may feel that it is morally culpable in endangering life unnecessarily and is not in keeping with the principle of the "middle way."

For a Buddhist, death, through euthanasia or suicide, can never be an escape from suffering because a person's karmic forces continue into another life. These forces are affected by the state of mind at death, amongst other things. Death for a Buddhist does not have the finality that it might have for many people wanting to 'end it all' by either suicide or euthanasia. The best way through life, suffering and death is seen to lie in an honest and truthful understanding of a situation and the capacity to live through it, with the help and support of others. With respect to euthanasia, it would seem to be wrong to commit suicide; wrong to act as "knife-bringer" to someone seeking death; wrong to emphasize the positive aspects of death and the negative aspects of life; wrong to incite someone to kill another, and wrong to assist others in causing death. The prohibition on euthanasia does not imply a commitment to vitalism, namely the doctrine that life should be prolonged at all costs. Withdrawal from food and refusal of medical intervention when the end is near is not seen as immoral, since this is to do no more than accept death as an inevitable part of life.

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